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ABSTRACT

Adults who are recovering from substance abuse usually possess coping skills that adolescents have not yet developed. This paper examines the special needs of adolescents who are recovering from substance abuse. Young people have not had the opportunity to develop healthy social, emotional, and cognitive skills because they are using chemicals at just the time when they are developing these skills. Recovering students may have good intentions when they conclude treatment but they are still developmentally at the age when they started using chemicals. Typically, adolescents move from denial, to compliance, to surrender, and finally, to recovery, as they fight to overcome chemical dependency. Recovery must follow a plan which incorporates physical, spiritual, vocational, and social aspects if the adolescent is to remain drug free. The paper describes the necessary features of recovery groups, such as a focus on fostering insight and support, and outlines desirable steps in forming the group, giving special emphasis to the initiation of members, on maintaining the program, and on evaluating the program (a sample evaluation form is included). Adolescence can be an optimal time for healing because it is a time when developing ideals, values, and morals can be rerouted in positive directions. Contains 24 references. (RJM)

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by Ann Marie Bauer

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Supportive Counseling for Students Recovering from Substance Abuse

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Some have said that there is no difference between the experience of the recovering adult and the recovering adolescent. Yet, assuming that the adults have not been using chemicals since adolescence, they have developed a behavioral repertoire, coping skills, survival techniques and skills-for-living prior to use. They can simply stop going to bars where they find their using friends and they likely have an existing social support system involving spouses, children, and colleagues. Recovering adolescents cannot just stop going to school, they must say "goodbye" to their using friends and may become isolated; they must say "goodbye" to the "comfort" of being high and make lifestyle changes. Adolescents have not had the opportunity to develop healthy social, emotional, and cognitive skills because they are using chemicals at just the time that they are developing these skills.

Recovering students have good intentions when they are fresh out of treatment, but they are still developmentally at the age where they started using chemicals. The consequences of chemical dependency on the adolescent are: Interrupted maturation, unlearned problem-solving skills, anguish (nervousness and irritation), and augmentation (the brain in anguish distorts responses so that they appear abnormal or rude to others; Dean, - 1989). However, adolescence is also the optimal time for healing because it is just the time when they are beginning to develop

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ideals, values, and morals which can be rerouted in a positive direction. Based on Nowinski's phases of adolescent recovery we can chart the typical sequence taken by the adolescent from chemical dependency to recovery.

1. **Denial** is a barrier to be dealt with through education (questions and myths), peer confrontation (reinforce non-use ethic), and chemical history sharing.
2. **Compliance** is seen when adolescents have not truly internalized the concept of recovery and they are merely going through the motions of recovery. Controlled use or substance substitution is common during this phase. To deal with compliance, the facilitator should initiate a self-assessment, and assist the student with ego development and emotional expression.
3. **Surrender** is a time of hopelessness and despair which can be compared to any other relationship that has collapsed in a person's life. To help an adolescent through this phase it is important that trust is evident in their life. They must take "one day at a time", if they feel vulnerable to relapse they should go to a support meeting, and they should talk about issues such as hope, faith, losses, traumas, and obstacles
4. **Recovery** is a process of on-going relapse prevention. The adolescent has different issues from adults with which they must deal. They have developed patterns such as morals, values and self-identity while under the influence of

substances. They become known first as users, then as losers; and now they must struggle to develop new patterns and create a new identity for themselves. This is a monumental task which must be accomplished by persons with little life experience.

The formation of a **plan** is important and should deal with those physical, spiritual, vocational, and social aspects which can help the adolescent to become actively involved in recovery and find comfort in an alternate way of living. To facilitate this phase it is helpful for the adolescent to create a moral inventory and self-examination. Also the facilitator can help the recovering student to make amends (a simple apology or a commitment to help others) to those previously harmed, in an effort to resolve guilt. This can be a very powerful stage and it is important the adolescent has the appropriate supports, such as clergy, counselors, peers, etc.

There are three personality types which may emerge when the students is in a recovery group (Coleman, 1987). **Naturals** follow plans and goals and grasp concepts easily. **Fighters** are angry, feel "stuck", complain and often relapse, yet they keep coming to support meetings. To deal with these types emphasize the positive, avoid confrontation and clashes but follow rules, plan small goals with structure because they may say "I forgot." **Houdinies** emotionally or physically disappear and are difficult to deal with because they have not found how recovery will make their lives easier. Their struggles are a reminder and a

learning experience for other group members.

It is natural for an adolescent to be resistant to change and to be somewhat rebellious when it comes to group norms. Therefore,

"...the aim of therapy is to ascertain a balance between the two realities ("abusive" vs. "straight" world) such that the client accepts only those facets of society he believes are necessary to live the lifestyle he chooses, without the abuse of a substance. In this way, the "spirit" or the individualism of the client is not broken by demanding conformity to all aspects of society, but rather, the spirit is enhanced and energy directed in more positive ways to allow the adolescent in rebellion to be more constructive and acceptable, both to himself and the society at large." (Birmingham, 1986)

There are many skills needed to run a recovery group, some of which are: Knowledge of community resources; an understanding of the motivations for and attitudes toward addictions; knowledge of group process (affiliation, power and control, cohesion and separation); ability to help establish trust, concern, and confidentiality in a group setting; and also your own personal support system. The facilitator of a recovery may take on a more equal relationship with group members because of the nature of the recovery group. Most groups are run by the members once trust, concern, and confidentiality have been established. The important thing to watch for is the "junior counselor" who tries to take over the group. The balance between facilitator and group member is one which needs to be recognized. Building a support group program also entails administrative support, involving other educators, involving the community, choosing co-facilitator, building trust with staff, and finding the time to lead groups--as well as dealing with how to confidentially remove

students from class.

Parental involvement is also an important aspect of facilitation. The facilitator may want to set up parent-contracts including ground rules, alert parents to never remove access to meetings (parents tend to take meetings away from adolescents because meetings appear to be socials), have direct involvement with parents (initially sit down and talk with them at the treatment center if possible). The facilitator should also provide parents with information on relapse, advice and develop close phone contact. Parents can play a crucial role in recovery if they are willing to become educated and involved.

The central issues of a recovery group are to foster insight and provide support. These can mean the difference between abstinence and continued use. The focus should be on earned self-esteem not "feel-good-now" which is conducive to substance abuse (Hicks, 1992). The students should be encouraged to build a healthy dependency on the group. Some say that to establish this, a framework is not needed because recovery groups are basically unstructured. Yet, there is a definite structure if we look at a recovery group in terms of initiation of members, maintenance of the program, and evaluation.

The Recovery Group: Initiation of Members

Initiating a recovery group involves first helping students to develop a definition of recovery for themselves. Some define recovery as abstinence, others may say that recovery begins when you avoid the first temptation to drink, and still others say

that recovery does not begin until one year of abstinence and confidence with life-style changes emerges. Regardless, each person in recovery needs to develop their own definition so their particular program is a path to follow.

In initiating a recovery group the following "rules and ethics" (Nowinski, 1990) maybe helpful to incorporate:

- Confidentiality
- Non-use
- Talk to someone before quitting
- Talk about use if it occurs
- Rituals are important (daily reading, sponsor/mentor, group evaluation, meditation, health care, and celebration)

Other rules may include an aftercare contract in the context of a school recovery group with a specified number of meetings they must attend or the number of days in which they must get a sponsor. Additional rules or directives may specify parental involvement, listing those with whom they may not socialize, and a discouragement of dating relationships within the group.

"Rites of entry" should also be established when new members come to the group (Nowinski, 1990):

- Prepare and share a personal chemical history
- Pick a sponsor in the group depending on social status
- Develop a social hierarchy and traditions based on age and accomplishments

When a student first enters the group a baseline activity may

take place which inventories communication skills, maturity, social skills, support systems, parental involvement, insight, employment, severity of problem, treatment experiences, agencies involved, legal status, medical history, and reason for change (Birmingham, 1986). The following format is suggested:

what I like about being sober dislike

what I like about being drunk/high dislike

Program goals (Birmingham, 1986) should include:

Total abstinence or partial abstinence

Prevention of spread of abuse

Acceptance of personal responsibility

Personal maturation

Heightened personal functioning

Improvement in social situations

Improvement in work performance

Improvement in educational performance or status

Reduction in personal criminality

Client satisfaction with the program

Staff satisfaction with the program

Recovering students must learn to express feelings, confront conflict, change their lifestyle, stand for values, and learn to let go (Nowinski, 1990).

The Recovery Group: Maintaining the Program

Maintaining a recovery group after initiating rules and

goals can be difficult. Students must truly internalize recovery if they are to continue abstinence and healthy behaviors. Generally, students can make it on their own for two-weeks after the primary treatment. Then they get a bad case of the "lonlies" and may begin to call using-friends. Relapse prevention is one of the major and ongoing recovery tasks. Others include denial, feelings, social skills, anger management etc. Nowinski (1990) describes a series of "Rites of Passage" which help create a hierarchy in the group while maintaining structure.

1. Share a personal chemical history
2. Develop a treatment contract
3. Implement a recovery plan
4. Lead a discussion
5. Orient one or more new members
6. Assist a new member
7. Have a good performance record
8. Passage out of the group

The Recovery Group: Evaluating the Program

Evaluating a recovery group is sometimes the forgotten step. However, it can be the most important step in effective facilitation. Fleming (1990) suggests that there are two variables which effect success: Individual experience and group experience. Some students will undergo marked changes and others will not; some students will take risks in sharing thoughts and personal insights and others will remain closed and defensive. We have greater control over the second variable, the group

experience. As a leader you are in charge of presentation and leadership and should keep constant check on the activities going on in the support group. Typical evaluations are year-end reviews or pre-test/post-test questionnaires which evaluate positives, negatives, what was learned, new information, feelings, and changes.

SAMPLE EVALUATION

Please take a minute to fill out this evaluation of your support group. Don't put your name on the evaluation sheet. Thank you.

1. Was your support group a valuable experience for you?

no			yes			maybe	
1	2	3	4	5	6	7	8

2. How would you rate your support group-leaders' ability to lead the group?

Poor						Excellent	
1	2	3	4	5	6	7	8

3. How helpful was your support group-leader for you?

Of little help						Very helpful	
1	2	3	4	5	6	7	8

4. List three things you learned in your support group.

1

2

3

5. How did this support group help you?

6. How could this support group be improved?

(Fleming, 1990)

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